

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOISVOLUNTARY
PETITION CHAPTER 13

IN RE: NAME OF DEBTOR (Last, First, Middle)

NAME OF JOINT DEBTOR (Spouse)(Last, First, Middle)

Kaczmarek, Kenneth, J.ALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE DEBTOR
IN THE LAST 6 YEARSALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE JOINT DEBTOR
IN LAST 6 YEARS

Soc. Sec/Tax I.D.No.(If more than one, state all):

Soc. Sec./Tax I.D.No. (If more than one, state all):

XXX-XX-3889**XXX-XX-**

ADDRESS OF DEBTOR (Street, City, State, and Zip Code)

ADDRESS OF JOINT DEBTOR(Street, City, State and Zip Code)

**9731 South Merrimac
Oak Lawn IL 60453**COUNTY OF RESIDENCE **COOK**COUNTY OF RESIDENCE **COOK**

MAILING ADDRESS OF DEBTOR (If different from Street Address)

MAILING ADDRESS OF DEBTOR (If different from Street Address)

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR

VENUE (Check one)

(If different address listed above)

Debtor has been domiciled or has had a residence, principal place of business, of principal assets in this District for 180 Days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR

Individual Corporation Publicly Held
 Joint (Husband & Wife) Corporation Not Publicly Held
 Partnership Municipality
 Other _____

CHAPTER OF THE BANKRUPTCY CODE UNDER WHICH

THE PETITION IS FILED (Check one box)
 Chapter 7 Chapter 11 Railroad
 Ch. 7 Broker Chapter 12
 Ch. 9 Chapter 13
 Ch. 11 Sec. 304

NATURE OF DEBT

Non-Business/Consumer Business - Complete A & B

FILING FEE (Check on box)

A. TYPE OF BUSINESS (Check One Box)
 Farming Transportation Commodity Broker
 Professional Manufacturer/Mining Construction
 Retail/Wholesale Real Estate
 Railroad Stock Broker Other Business

 Filing fee attached Filing fee to be paid in installments

B. BRIEFLY DESCRIBE NATURE OF BUSINESS

NAME AND ADDRESS OF LAW FIRM OR ATTORNEY

URBAN & BURT, LTD.
5320 W. 159th Street
Oak Forest, IL 60452
708-687-5200

Name of Attorney Designated to Represent Debtor

URBAN & BURT, LTD. (URBA) 6182264

STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604)

No assets will be available for distribution to creditors
 Assets will be available for distribution to creditors

THIS SPACE FOR COURT USE ONLY

ESTIMATED NUMBER OF CREDITORS

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1-15 | 16-49 | 50-99 | 100-999 | 1000-over |
| <input type="checkbox"/> |

ESTIMATED ASSETS (IN THOUSANDS OF DOLLARS)

| | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Under 50 | 50-99 | 100-499 | 500-999 | 1000-over |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ESTIMATED LIABILITIES (IN THOUSANDS OF DOLLARS)

| | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Under 50 | 50-99 | 100-499 | 500-999 | 1000-over |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ESTIMATED NUMBER OF EMPLOYEES-CHAPTER 11 AND 12 ONLY

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1-19 | 20-99 | 100-999 | 1000-over |
| <input type="checkbox"/> |

ESTIMATED NO. OF EQUITY SECURITY HOLDERS-CH.11 & 12 ONLY

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1-19 | 20-99 | 100-999 | 1000-Over |
| <input type="checkbox"/> |

PAGE 2

Name of Debtor **Kenneth J. Kaczmarek**

Case Number

FILING OF PLAN

For Chapter 9, 11, 12, and 13 cases only, Check appropriate box

[] A copy of debtor's proposed plan is attached. [] Debtor intends to file a plan within the time allowed by statute, rule or order of court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS

| | | |
|----------------------|-------------|------------|
| Location Where Filed | Case Number | Date Filed |
|----------------------|-------------|------------|

PENDING CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR

| | | |
|----------------|-------------|------|
| Name of Debtor | Case Number | Date |
|----------------|-------------|------|

| | | |
|--------------|----------|-------|
| Relationship | District | Judge |
|--------------|----------|-------|

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code specified in this petition.

SIGNATURES

ATTORNEY

/s/ Edmund G. Urban III

Date: Oct 12, 2005

Debtors Attorney

INDIVIDUAL JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct.

Kenneth J. Kaczmarek

Kenneth J. Kaczmarek

Oct 12, 2005

D

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct.

Signature of Authorized Individual

Title of Individual Authorized to File this Petition

Oct 12, 2005

EXHIBIT "A" is attached and made part of this petition (Corporate debtor under Chapter 11)

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS

I am aware that I may proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under such chapter, and choose to proceed under chapter 13 of such title. If I am represented by an attorney Exhibit "B" has been completed below.

Oct 12, 2005

Kenneth J. Kaczmarek

Kenneth J. Kaczmarek

Oct 12, 2005

EXHIBIT "B" (to be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I am the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she or they) may proceed under Chapter 7, 11, 12, 13 of title 11 United States Code, and have explained the relief available under each chapter which is applicable to this debtor.

/s/ Edmund G. Urban III

Oct 12, 2005

Debtors Attorney

UNITED STATES BANKRUPTCY COURT,

IN RE:

Kenneth J. Kaczmarek

)

)

SUMMARY OF SCHEDULES

| NAME OF SCHEDULE | ATTACHED | #SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------|----------------|-------------------|--------------|--------------|
| A - REAL PROPERTY | YES | 1 (COMB. B) | \$ 159000.00 | | |
| B - PERSONAL PROPERTY | YES | 1 (COMB. A) | \$ 11375.00 | | |
| C - PROPERTY CLAIMED AS EXEMPT | YES | 1 | | | |
| D - CREDITORS HOLDING SECURED CLAIMS | YES | 1 | | \$ 123711.97 | |
| E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS | YES | 1 | | \$ 69.00 | |
| F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS | YES | | | \$ 72165.47 | |
| G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES | YES | 1 | | | |
| H - CODEBTORS | YES | 1 | | | |
| I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) | YES | 1 | | | \$ 3169.32 |
| J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) | YES | 1 | | | \$ 2961.00 |
| TOTAL NUMBER OF SHEETS | | | | | |
| | | | TOTAL ASSETS | \$ 170375.00 | |
| | | | TOTAL LIABILITIES | | \$ 195946.44 |

UNITED STATES BANKRUPTCY COURT
NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Neither the judge nor the court's employees may provide you with legal advice.

Chapter 7: Liquidation

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to a valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income.

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but not more than five years.
Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain other debts including criminal restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization

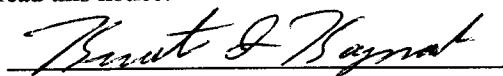
Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to a chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

Oct 12, 2005



STATEMENT OF ALL PROPERTY OF DEBTOR
SCHEDULE A - REAL PROPERTY

Kenneth J. Kaczmarek

| DESCRIPTION AND LOCATION OF PROPERTY / NATURE OF DEBTOR'S INTEREST / CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | / AMOUNT OF SECURED CLAIM |
|---|---------------------------|
| 1/2 INT IN 9731 S MERRIMA | 159000.00 |
| | 120911.97 |

TOTAL VALUE SCHEDULE A \$ 159000.00

SCHEDULE B - PERSONAL PROPERTY

(Unless specified all property is jointly owned, if a joint petition was filed.)

TYPE OF PROPERTY / DESCRIPTION OF PROPERTY / MARKET VALUE OF DEBTOR'S INTEREST WITHOUT DEDUCTION FOR SECURED CLAIMS

1. Cash on hand

2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, building and loan, and homestead associations, or credit unions, brokerage houses or cooperatives.
 JOINT CK ACCT @ 5TH THIRD BANK 1000.00

3. Security Deposits with public utilities, telephone companies, landlords and others

4. Household goods, supplies and furnishings including audio, video and computer equipment
 MISC. HOUSEHOLD FURNISHINGS 450.00

5. Books, pictures, and other art objects; stamp, coin, record, tape, compact disc and other collections or collectibles.

6. Wearing apparel.
 CLOTHING 350.00

7. Furs and jewelry.

8. Firearms and sports, photographic, and other hobby equipment.

9. Interests in insurance policies.

10. Annuities. Itemize and name each insurer

11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.

12. Stock and interests in incorporated and unincorporated businesses, Itemize.

13. Interests in partnerships or joint ventures. Itemize

14. Government and corporate bonds and other negotiable and non-negotiable instruments.

15. Accounts Receivable.

16. Alimony, maintenance, support, and property settlements to which debtor may be entitled. Give particulars.

17. Other liquidated debts owing debtor including tax refunds. Give particulars.

18. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.

19. Contingent and non-contingent interests in estate of a decedent death benefit plan, life insurance policy or trust.

20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor and rights to setoff claims. Give estimate value.

21. Patents, copyrights and other intellectual property. Give particulars.

22. Licenses, franchises, and other general intangibles. Give particulars.

23. Automobiles, trucks, trailers and other vehicles

| | |
|------------------------|---------|
| 1990 GMC PICKUP TRUCK | 2700.00 |
| 1996 CADILLAC ELDORADO | 5075.00 |

24. Boats, motors and accessories.

25. Aircraft and accessories.

26. Office equipment, furnishings and supplies.

| | |
|----------|--------|
| COMPUTER | 300.00 |
|----------|--------|

27. Machinery, fixtures, equipment and supplies used in business.

| | |
|---------------------|---------|
| MISCELLANEOUS TOOLS | 1500.00 |
|---------------------|---------|

28. Inventory.

29. Animals.

30. Crops - growing or harvested. Give particulars.

31. Farming Equipment and implements.

32. Farm supplies, chemicals, and feed.

33. Other personal property of any kind not already listed. Itemize.

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Pursuant to 11 U.S.C. Sec 522 (b) (1):

Debtor claims the following property as exempt pursuant to Ch. 735 Illinois Compiled Statutes; Debtor claims all other exemptions to which he may be entitled.

| <u>DESCRIPTION OF PROPERTY</u> | <u>STATUTORY SECTIONS / VALUES CLAIMED EXEMPT /</u> | <u>CURRENT MARKET VALUE</u> |
|--------------------------------|---|-----------------------------|
| REAL PROPERTY | | |
| 1/2 INT IN 9731 S MERRIMAC | 12-901 | 7500 |
| 12-901 | | |
| 12-901 | 7500 | 159000.0 |
| VEHICLES | | |
| 1990 GMC PICKUP TRUCK | | 2700.0 |
| 1996 CADILLAC ELDORADO | 12-1001(c) | 1200 |
| | | 5075.00 |
| PERSONAL PROPERTY | | |
| JOINT CK ACCT @ 5TH THIRD B | 12-1001(b) | 1000 |
| MISC. HOUSEHOLD FURNISHINGS | 12-1001(b) | 450 |
| CLOTHING | 12-1001(a) | 350 |
| COMPUTER | | 300.0 |
| MISCELLANEOUS TOOLS | 12-1001(d) | 750 |
| | | 1500.0 |

Kenneth J. Kaczmarek

SCHEDULE C - (ADDITIONAL)

Each Debtor exempts from the property of the estate, pursuant to the State Exemptions set forth below the following property although each debtor may not have the property noted and each debtor may not have equity in property, sufficient to exhaust the following allowable State Exemptions. These exemptions are in addition to those already specifically claimed on the previous page, and are cumulative to the full extent allowable under Illinois or the Bankruptcy Code.

| | | |
|--|--|---|
| a. Residence or homestead of individual, includes farm lot & buildings, condominiums, personal property or cooperative. Can be owned or leased. | \$7,500 (includes proceeds of sale for 1 yr:12-906) | *735 ILCS 5/12-901 |
| b. Necessary wearing apparel, Bible, school books, family pictures and prescribed health aids of debtor & dependents | 100% | 735 ILCS 5/12-1001 (a), (e) |
| c. Any personal property of debtor | \$2,000 | 735 ILCS 5/12-1001 (b) |
| d. One motor vehicle | \$1,200 | 735 ILCS 5/12-1001 (c) |
| e. Implements, books, and tools of trade | \$ 750 | 735 ILCS 5/12-1001 (d) |
| f. Proceeds and cash value of life insurance policies & annuity contracts payable to dependents of insured | 100% | 735 ILCS 5/12-1001 (f) |
| g. Social Security benefits, unemployment compensation benefits, public assistance benefits, Veteran's benefits and disability and illness benefits. | 100% | 735 ILCS 5/12-1001 (g) (1), (2), (3) |
| h. Alimony, support or separate maintenance | Amount reasonably necessary to support debtor and dependents | 735 ILCS 5/12-1001 (g) (4) |
| i. Pension and retirement benefits | 100% | 735 ILCS 5/12-1006 (a)-(d) |
| j. Crime victim's reparation law awards | 100% | 735 ILCS 5/12-1001 (h) (1) |
| k. Wrongful death payments resulting from death of person of whom debtor was a dependent. | Amount reasonably necessary to support debtor and dependents | 735 ILCS 5/12-1001 (h) (2) |
| l. Life insurance payments from policy insuring person of whom debtor was a dependent | Amount reasonably necessary to support debtor and dependents | 735 ILCS 5/12-1001 (h) (3) |
| m. payments on account of bodily injury of debtor or person of whom debtor was a dependent | \$7,500 | 735 ILCS 5/12-1001 (h) (4) |

NOTE: Proceeds from sale of exempt personal property are also exempt. Non-exempt property converted into exempt property in fraud of creditors is not exempt. Property acquired within 6 months of the filing of bankruptcy is presumed to have been acquired in contemplation of bankruptcy. The exemptions in 735 ILCS 5/12-1001 (h) extend for 2 years after the debtor's right to receive the payments accrues and, as to property traceable thereto, for 5 years after accrual. See SHA 735 ILCS 5/12-1001.

| | | |
|--|--|--|
| n. Specific partnership property | 100% of partner's interest | 806 ILCS 205/25 |
| o. Gross earnings or disposable earnings (disposable earnings are gross earnings less deductions required by law) | 85% of gross earnings or disposable earnings equal 40 times the federal minimum hourly wage per week, WHICHEVER IS GREATER | 735 ILCS 5/12-803 |
| p. Proceeds & cash value of life or endowment insurance policy or annuity to insured spouse or dependent. | 100% | 215 ILCS 5/238 |
| q. Fraternal Benefit Society benefits | 100% | 215 ILCS 5/313.1 |
| r. Workmen's Compensation benefits | 100% | 820 ILCS 305/21 |
| s. Unemployment compensation benefits | 100% (support claims excepted) | 820 ILCS 405/1300 |
| t. Public Welfare benefits | 100% | 305 ILCS 5/11-3 |
| u. Property held in trust for debtor | 100% | 735 ILCS 5/12-1403 |
| v. Wage garnishment | 100% | 735 ILCS 5/12-803 735 ILCS 5/12-1001 (b) 735 ILCS 5/12-8 |
| w. Income earned or funds in possession of Chapter 13 trustee, in event of conversion from Chapter 13 or dismissal of existing Chapter 13. | 100% | 735 ILCS 5/12-803 735 ILCS 5/12-1001 (b) |

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 1

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|--|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT # 4000596619</u> Citifinancial Mortgage P.O. Box 142199 Irving, TX 75014 | 32331.24 | | | | |
| BRIEF DESCRIPTION OF SECURITY 9731 S. MERRIMAC, OAK LAWN, IL VALUE \$ 159000.00 | | | | | |
| NATURE OF CLAIM SECURED 100% VALUE OUTSIDE PLAN 2ND MORTGAGE ON HOME | | | | | |
| <u>ACCOUNT # 0019481852</u> Wells Fargo Home Mortgage Attention: Bankruptcy Dept. 3476 Stateview Boulevard Fort Mill, SC 29715 | 88580.73 | | 906.95 | | |
| BRIEF DESCRIPTION OF SECURITY 9731 S. MERRIMAC, OAK LAWN, IL VALUE \$ 159000.00 | | | | | |
| NATURE OF CLAIM SECURED 100% VALUE OUTSIDE PLAN FIRST MORTGAGE CO-DEBTOR | | | | | |
| <u>ACCOUNT # 0019481852</u> Wells Fargo Home Mortgage Attention: Bankruptcy Dept. 3476 Stateview Boulevard Fort Mill, SC 29715 | 2800.00 | | | | |
| BRIEF DESCRIPTION OF SECURITY 9731 S. MERRIMAC, OAK LAWN, IL VALUE \$ 159000.00 | | | | | |
| NATURE OF CLAIM SECURED 100% VALUE ARREARAGE ON FIRST MORTGAGE CO-DEBTOR | | | | | |
| TOTAL SECURED - SCHEDULE D \$ 123711.97 | | | | | |
| <u>ACCOUNT # 200169358</u> Illinois Dept. Of Revenue Bankruptcy Section Level 7-425 100 W. Randolph Street Chicago, IL 60601 | 69.00 | | | | |
| NATURE OF CLAIM PRIORITY 100% SALES TAXES | | | | | |
| TOTAL PRIORITY - SCHEDULE E \$ 69.00 | | | | | |
| <u>ACCOUNT #</u> Advocate M.S.O. Service 75 Remittance Dr., Suite 6010 Chicago, IL 60675 | 55.00 | | | | |
| NATURE OF CLAIM UNSECURED 10% | | | | | |

IN RE: Kenneth J. Kaczmarek

COMBINED CHAPTER 13 SCHEDULE D, E, & F **PAGE 2**
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|---|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT # 3-0721-0039439</u> Allied Waste Services 13701 South Kostner Crestwood, IL 60445-0002 | 181.90 | | | | |

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| <u>ACCOUNT # 04628886</u> Business & Legal Reports 141 Mill Rock Road East Old Saybrook, CT 06475 | 320.08 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|---------|--|--|--|--|
| <u>ACCOUNT # CLAIM 263982449-Z</u> C C C Information Services C/O Receivable Management Svc. P.O. Box 523 Richfield, OH 44286 | 1923.60 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|------|--|--|--|--|
| <u>ACCOUNT # 21256</u> Cardiology Diagnostic Services P.O. Box 616 Forest Park, IL 60130 | 2.40 | | | | |
|---|------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|-------|--|--|--|--|
| <u>ACCOUNT # 144744</u> Chicago Centeral Emergency Phy C/O United Collection Bureau P.O. Box 140190 Toledo, OH 43614 | 39.40 | | | | |
|--|-------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|-------|--|--|--|--|
| <u>ACCOUNT # 134503</u> Chicago Central E. P., L.L.P. 75 Remittance Dr., Suite 3274 Chicago, IL 60675 | 39.40 | | | | |
|--|-------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**
PAGE 3

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|---|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT #</u> Chicago Ridge Fire Department P.O. Box 438495 Chicago, IL 60643 | 73.96 | | | | |

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|-----|--|--|--|--|
| <u>ACCOUNT #</u> 526549175 Christ Hospital C/O Illinois Collection Service P.O. Box 646 Oak Lawn, IL 60454 | .00 | | | | |
|--|-----|--|--|--|--|

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

| | | | | | |
|--|---------|--|--|--|--|
| <u>ACCOUNT #</u> 527847677 Christ Medical Center P.O. Box 70508 Chicago, IL 60673 | 1185.10 | | | | |
|--|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|-----|--|--|--|--|
| <u>ACCOUNT #</u> 31833228 Commonwealth Edison C/O Allied Interstate 3200 Northline Ave., Suite 160 Greensboro, NC 27408 | .00 | | | | |
|---|-----|--|--|--|--|

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT #</u> 31833228 Commonwealth Edison/Exelon Attn: Bankruptcy/System Credit 2100 Swift Road Oak Brook, IL 60523 | 193.87 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|---------|--|--|--|--|
| <u>ACCOUNT #</u> Cupic & Dragisic, M.D. 4201 West 95th St., Suite 109 Oak Lawn, IL 60453 | 1350.80 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 4

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|--|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT #</u> David Powell, M.D. 333 N. Michigan Ave., #2017 Chicago, IL 60601 | 200.00 | | | | |

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| <u>ACCOUNT # 0432403601</u> Deluxe Business Checks & Solut P.O. Box 742572 Cincinnati, OH 45274 | 138.72 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT # 346869</u> Great American Business Produc C/O Commercial Auditors Corp. P.O. Box 48990 Minneapolis, MN 55448 | 108.45 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|---------|--|--|--|--|
| <u>ACCOUNT # 4228900</u> Hawkinson Ford 6100 West 95th Street Oak Lawn, IL 60453 | 2266.02 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT # 6923139</u> Hunt Insurance Agency, Inc. 12000 South Harlem Avenue Palos Heights, IL 60463 | 145.34 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|---------|--|--|--|--|
| <u>ACCOUNT # YIL455</u> I-80 Auto Parts 3349 Burr Street Gary, IN 46406 | 1600.00 | | | | |
|--|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 5

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|---|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT # 601707</u> Il Dept. Of Human Services P.O. Box 19407 Springfield, IL 62794-9407 | 3835.00 | | | | |

NATURE OF CLAIM UNSECURED 10% CONSUMER DEBT

| | | | | | |
|---|-------|--|--|--|--|
| <u>ACCOUNT # 603</u> Interstate Battery System Of Central Chicago 8500 West 191st St., Suite 9 Mokena, IL 60448 | 91.72 | | | | |
|---|-------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|---------|--|--|--|--|
| <u>ACCOUNT # 4220-86365</u> Larry Roesch Family Auto Group C/O Moss & Bloomberg, Ltd. 305 West Briarcliff Road Bolingbrook, IL 60440 | 4862.85 | | | | |
|--|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|---------|--|--|--|--|
| <u>ACCOUNT #</u> Manorcare Oak Lawn West 6300 West 95th Street Oak Lawn, IL 60453 | 1104.91 | | | | |
|--|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT # 40726</u> Mercedes-Benz Of Orland Park 8430 West 159th Street Orland Park, IL 60462 | 497.60 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|----------|--|--|--|--|
| <u>ACCOUNT #</u> Mercy Hospital & Medical Center P.O. Box 97171 Chicago, IL 60678 | 25000.00 | | | | |
|--|----------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 6

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|---|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT # 0329100190A</u> Mercy Hospital & Medical Ctr. C/O Nationwide Credit & Collec 9919 Roosevelt Road Westchester, IL 60154 | .00 | | | | |

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

| | | | | | |
|--|-------|--|--|--|--|
| <u>ACCOUNT #</u> Midwest Diagnostic Pathology 75 Remittance Dr., Suite 3070 Chicago, IL 60675 | 34.10 | | | | |
|--|-------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|----------|--|--|--|--|
| <u>ACCOUNT #</u> N.C.I. Laboratories 306 Era Drive Northbrook, IL 60062 | 11246.52 | | | | |
|--|----------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|-----|--|--|--|--|
| <u>ACCOUNT #</u> 27789048 Nicor C/O Nco Financial Systems P.O. Box 41421 Dept. 58 Philadelphia, PA 19101-1421 | .00 | | | | |
|---|-----|--|--|--|--|

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

| | | | | | |
|---|-----|--|--|--|--|
| <u>ACCOUNT #</u> 27018006 Nicor C/O Nco Financial Systems P.O. Box 41421 Dept. 58 Philadelphia, PA 19101-1421 | .00 | | | | |
|---|-----|--|--|--|--|

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT #</u> 27789048 Nicor Bankruptcy Department P.O. Box 190 Aurora, IL 60507 | 156.15 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10% UTILITY BILL

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**
PAGE 7

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|--|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| ACCOUNT # 27018006 Nicor Bankruptcy Department P.O. Box 190 Aurora, IL 60507 | 220.15 | | | | |

NATURE OF CLAIM UNSECURED 10% UTILITY BILL

| | | | | | |
|--|--------|--|--|--|--|
| ACCOUNT # 40358 Oak Lawn Mazda 6750 West 95th Street Oak Lawn, IL 60453 | 444.88 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|------|--|--|--|--|
| ACCOUNT # 3618642888 Oak Lawn Radiologists C/O Illinois Collection Service P.O. Box 646 Oak Lawn, IL 60454 | 1.20 | | | | |
|--|------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| ACCOUNT # Oak Lawn Radiologists, S.C. P.O. Box 3837 Springfield, IL 62708 | 100.00 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| ACCOUNT # 38991355 Office Depot P.O. Box 633211 Cincinnati, OH 45263 | 184.14 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| ACCOUNT # D3760 Pacific Pulmonary Services 4300 Stine Road, Suite 800 Bakersfield, CA 93313 | 139.20 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 8

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|--|-----------------------|----------------------|--------------------------|-------------------|----------------------|
|--|-----------------------|----------------------|--------------------------|-------------------|----------------------|

| | | | | | |
|---|---------|--|--|--|--|
| ACCOUNT # 91203240 Palos Community Hospital Attention: Patient Accounts 12251 South 80th Avenue Palos Heights, IL 60463 | 1514.90 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| ACCOUNT # Palos Emergency Medical Service 9944 S. Roberts Rd., Suite 204 Palos Hills, IL 60465 | 461.00 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| ACCOUNT # 4232 Parts Fit Industry Company 1005 Republic Drive Units C And D Addison, IL 60101 | 234.00 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|-------|--|--|--|--|
| ACCOUNT # A465001627101 Pathology Consultants Of Chgo. P.O. Box 88493 Chicago, IL 60680 | 27.70 | | | | |
|--|-------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|------|--|--|--|--|
| ACCOUNT # Radiological Physicians, Ltd. P.O. Box 2150 Bedford Park, IL 60499 | 6.70 | | | | |
|---|------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|-------|--|--|--|--|
| ACCOUNT # 105306 Rizza Chevrolet 8200 South Harlem Avenue Bridgeview, IL 60445-0003 | 91.20 | | | | |
|--|-------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 9

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|---|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT # 5580153</u> Rush Home Health Care C/O Medical Recovery Specialis 2200 E. Devon Ave., Suite 288 Des Plaines, IL 60018 | 64.74 | | | | |

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|-----|--|--|--|--|
| <u>ACCOUNT # 7084228900788</u> S.B.C./Ameritech C/O Allen Law Group 50 Airport Parkway, Suite 100a San Jose, CA 95110 | .00 | | | | |
|---|-----|--|--|--|--|

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

| | | | | | |
|---|---------|--|--|--|--|
| <u>ACCOUNT # 708-422-8900-788-8</u> S.B.C./Ameritech Bankruptcy Desk P.O. Box 769 Arlington, TX 76004 | 1074.75 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT # KACZSA</u> Sears & Anderson 245 Eric Drive Palatine, IL 60067 | 120.20 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|--------|--|--|--|--|
| <u>ACCOUNT # INVOICE 13193</u> Silk Screen Express, Inc. 16135 New Avenue, Unit 2 Lemont, IL 60439 | 170.64 | | | | |
|---|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|---------|--|--|--|--|
| <u>ACCOUNT # 020508457900100003</u> Snap-On-Credit P.O. Box 98850 Chicago, IL 60693 | 1897.72 | | | | |
|--|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 10

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|--|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT #</u> Specialized Urologic Consultant 4400 W. 95th St., Suite 109 Oak Lawn, IL 60453 | 383.05 | | | | |

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| <u>ACCOUNT #</u> KACJU000 Sudhir M. Gokhala, M.D., S.C. 10522 South Cicero, Suite 2d Oak Lawn, IL 60453 | 416.80 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| <u>ACCOUNT #</u> Superior Air Ground Ambulance P.O. Box 1407 Elmhurst, IL 60126 | 304.00 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|--------|--|--|--|--|
| <u>ACCOUNT #</u> 3006122 Superior Ambulance Service C/O Malcolm Gerald & Associate 332 South Michigan, Suite 600 Chicago, IL 60604 | 157.31 | | | | |
|--|--------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|---------|--|--|--|--|
| <u>ACCOUNT #</u> Trace Ambulance 8400 West 183rd Place Tinley Park, IL 60477 | 1495.00 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|---|---------|--|--|--|--|
| <u>ACCOUNT #</u> 10021098 U.S. Energy Savings Corp. C/O Harris & Harris, Ltd. 600 W. Jackson, Suite 400 Chicago, IL 60661 | 2883.03 | | | | |
|---|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

IN RE: Kenneth J. Kaczmarek

**COMBINED CHAPTER 13 SCHEDULE D, E, & F
CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

PAGE 11

| NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY | AMOUNT CLAIMED DUE | UNSECURED PORTION | MONTHLY CONTACT PMTS. | # INST ARREARS | MO. PMT. PER PLAN |
|---|-----------------------|----------------------|--------------------------|-------------------|----------------------|
| <u>ACCOUNT # 10021097</u> U.S. Energy Savings Corporatio C/O Harris & Harris, Ltd. 600 West Jackson Blvd., #400 Chicago, IL 60661 | 1310.27 | | | | |

NATURE OF CLAIM UNSECURED 10%

| | | | | | |
|--|---------|--|--|--|--|
| <u>ACCOUNT #</u> W.C.L. 16047 Hidden Valley Court Homer Glen, IL 60491-0001 | 1810.00 | | | | |
|--|---------|--|--|--|--|

NATURE OF CLAIM UNSECURED 10%

===== TOTAL UNSECURED - SCHEDULE F \$ 72165.47 =====

| TOTALS: | | 195946.44 | SET PMTS | UNDER PLAN | .00 |
|----------------------------------|------|-----------|----------|------------|-----|
| BY CATEGORY: | # | AMOUNT | | | |
| SECURED OUTSIDE | 2 | 120911.97 | | | |
| SECURED INSIDE | 1 | 2800.00 | | | |
| UNSECURED | 57 | 72165.47 | | | |
| ADDITIONAL UNSECURED | | .00 | | | |
| AT PERCENTAGE: | 10 % | 7216.55 | | | |
| PRIORITY | 1 | 69.00 | | | |
| SPEC CLASS | 0 | .00 | | | |
| AT PERCENTAGE: | | .00 | | | |
| TOTAL PLAN | 61 | 10085.55 | | | |
| TOTAL PLAN W/TRUSTEE & ATTY FEE: | | 12407.51 | | | |

10/12/05

UNITED STATES BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS

IN RE:

Kenneth J. Kaczmarek

)

)

SCHDEULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser.", "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addressees of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors

Check this box if debtor has no executory contracts or unexpired leases.

NAME & MAILING ADDRESS OF PARTIES TO CONTRACT / DESCRIPTIONS OF CONTRACT & DEBTORS INTERE

UNITED STATES BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS

IN RE:

Kenneth J. Kaczmarek

)

)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedule of creditors. Include all guarantors and co-signers. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|---|
| Judith Kaczmarek | Wells Fargo Home Mortgage Attention: Bankruptcy Dept. 3476 Stateview Boulevard Fort Mill, SC 29715 |
| Judith Kaczmarek | Wells Fargo Home Mortgage Attention: Bankruptcy Dept. 3476 Stateview Boulevard Fort Mill, SC 29715 |

IN RE: **Kenneth J. Kaczmarek**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTORS

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| Debtor's Marital Status | DEPENDENTS OF DEBTOR & SPOUSE | AGE | RELATIONSHIP |
|-------------------------|-------------------------------|-----|--------------|
| MARRIED | NAMES | | |
| TELEPHONE 708/499-5584 | | | |

| EMPLOYMENT: DEBTOR | SPOUSE |
|---------------------------|---------------|
|---------------------------|---------------|

| | |
|---------------|--|
| OCCUPATION | BODY AND FENDER REPAIR |
| EMPLOYER NAME | Cars Collision Center |
| TIME EMPLOYED | 4 MONTHS |
| ADDRESS | 5101 Darmstadt Road Hillside IL 60162 |
| TELEPHONE | |

| | DEBTOR | SPOUSE |
|--|--------------------------------|---------------|
| | PAY FREQUENCY BI-WEEKLY | PAY FREQUENCY |

| | | |
|-------------|------------|----|
| GROSS WAGES | \$ 2134.83 | \$ |
|-------------|------------|----|

| | | |
|------------------------------------|-----------|----|
| LESS PAYROLL DEDUCTIONS | | |
| a. PAYROLL TAXES & SOCIAL SECURITY | \$ 484.94 | \$ |
| b. Insurance | \$ 186.00 | \$ |
| c. Union Dues | \$ | \$ |
| d. Other | \$ | \$ |

| | | |
|------------------------------------|------------|----|
| TOTAL NET TAKE HOME PAY PER PERIOD | \$ 1463.89 | \$ |
|------------------------------------|------------|----|

| | | |
|---------------------------------|------------|----|
| TOTAL NET TAKE HOME PAY MONTHLY | \$ 3169.32 | \$ |
|---------------------------------|------------|----|

| | | |
|---|----|----|
| REGULAR INCOME FROM OPERATION OF BUSINESS | \$ | \$ |
|---|----|----|

| | | |
|---------------------------|----|----|
| INCOME FROM REAL PROPERTY | \$ | \$ |
|---------------------------|----|----|

| | | |
|------------------------|----|----|
| INTEREST AND DIVIDENDS | \$ | \$ |
|------------------------|----|----|

| | | |
|---|----|----|
| ALIMONY, MAINTENANCE OR SUPPORT RECD FOR THE DEBTORS USE OR OF DEPENDANTS LISTED ABOVE | \$ | \$ |
|---|----|----|

| | | |
|-------------------------------------|----|----|
| SOCIAL SECURITY OR OTHER ASSISTANCE | \$ | \$ |
|-------------------------------------|----|----|

| | | |
|------------------------------|----|----|
| PENSION OR RETIREMENT INCOME | \$ | \$ |
|------------------------------|----|----|

| | | |
|----------------------|----|----|
| OTHER MONTHLY INCOME | \$ | \$ |
|----------------------|----|----|

| | | |
|----------------------|------------|--------|
| TOTAL MONTHLY INCOME | \$ 3169.32 | \$.00 |
|----------------------|------------|--------|

TOTAL COMBINED MONTHLY INCOME **\$ 3169.32**

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the following year:

IN RE: **Kenneth J. Kaczmarek**

SCHEDULE J- CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

[] Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) **\$ 1241.00**

Are real estate taxes included? **YES**

Is property insurance included? **YES**

| | | |
|-----------|--|------------------|
| Utilities | Electricity and heating fuel | \$ 225.00 |
| | Water and sewer | \$ 60.00 |
| | Telephone | \$ 30.00 |
| | Other | \$ |

Home Maintenance (Repairs and upkeep) **\$ 50.00**

Food **\$ 350.00**

Clothing **\$ 50.00**

Laundry and dry cleaning **\$ 40.00**

Medical and dental expenses **\$ 560.00**

Educational & School expense **\$**

Transportation (not including car payments) **\$ 295.00**

Recreation, clubs and entertainment, newspapers, magazines, etc. **\$**

Charitable contributions **\$**

Insurance (not deducted from wages or included in home mortgage payments)

| | | |
|-------------------------|-----------|-----------------|
| Homeowner's or renter's | | \$ |
| Life | | \$ |
| Health | | \$ |
| Auto | | \$ |
| Other | | \$ 60.00 |

Taxes (not deducted from wages or included in home mortgage payments) **\$**

(Specify)

Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan)

| | |
|-------|-----------|
| Auto | \$ |
| Other | \$ |
| Other | \$ |

Alimony, maintenance, and support paid to others **\$**

Payments for support of additional dependents not living at your home **\$**

Regular expenses from operation of business, profession, or farm (attach detailed statement) **\$**

Other **\$**

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 2961.00

(FOR CHAPTER 12 & 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other interval.

| | |
|---|-------------------|
| A. Total projected monthly income | \$ 3169.32 |
| B. Total projected monthly expenses | \$ 2961.00 |
| C. Excess income (A minus B) | \$ 208.32 |
| D. Total amount to be paid into plan each month | \$ 208.00 |

Document Page 24 of 25
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**IN RE:**

| | |
|----------------------|-------|
| Kenneth J. Kaczmarek |) NO. |
| |) |
| Debtor(s), |) |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. Sec. 329(a) and Bankruptcy Rule 2016(b), I certify that I am the above-named debtor(s) attorney and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept..... \$ 2200.00

Prior to the filing of this statement I have received..... \$ 1200.00
(INCLUDING COSTS)

Balance Due..... \$ 1194.00

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.
A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

EDMUND G. UBRAN III
URBAN & BURT, LTD.
Attorney for Debtors
5320 W. 159th Street
Oak Forest, IL 60452
708/687-5200

/s/ Edmund G. Urban III

Oct 12, 2005

IN RE: Kenneth J. Kaczmarek

Case Number _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 61

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: Oct 13, 2005

Debtor

Joint Debtor

/s/ Edmund G. Urban III

Attorney for Debtor